

Supports for Community Living Annual Health Screening Recommendations

Name: _____ Age: _____ Date: _____

This format is to assist individuals, families, and other support providers to ensure that screening tests that are appropriate to the individual are considered at the annual physical. Review BEFORE the annual health visit.

All Adults		Last date screen performed	Ask MD to evaluate need for screening
Height/Weight Measurement	Annually		<input type="checkbox"/>
Clinical breast/testicular exam	Annually		<input type="checkbox"/>

Cancer Screening

Mammography (Women)	Every 1-2 years after age 40, at discretion of physician/patient. Earlier if family history. Recommend annually after age 50.		<input type="checkbox"/>
Pap Smear (Women)	For women with prior sexual activity, every 1-3 years after age 19. May be omitted after age 65 if previous screenings were consistently normal.		<input type="checkbox"/>
Colorectal Cancer screen	Fecal Occult Blood Testing annually after age 50		<input type="checkbox"/>
	Sigmoidoscopy every 5 years after age 50		<input type="checkbox"/>
	Colonoscopy Every 10 years after age 50, per MD recommendation or if above screen not performed.		<input type="checkbox"/>
Prostate cancer screen (Men)	Digital rectal exam (DRE) should be considered patients with risk factors after age 40 and in all men after age 50		<input type="checkbox"/>
	PSA test at physician's discretion after age 50		<input type="checkbox"/>
Skin cancer screen	Total skin examination every 3 years from 20 – 39. Annually age 40 and older.		<input type="checkbox"/>

Other Recommended Screening

Hypertension	Annually		<input type="checkbox"/>
Cholesterol	Every 5 years or at physician discretion.		<input type="checkbox"/>
Diabetes (Type II)	Fasting plasma glucose screen for people at high risk. At least every 5 years until age 45. Every 3 years after age 45.		<input type="checkbox"/>
Liver function	Test annually for Hepatitis B carriers		<input type="checkbox"/>
Osteoporosis	Bone density screening per risk factors of general population. Additional risk factors include medications, mobility impairment, hypothyroid.		<input type="checkbox"/>
Dysphagia and Aspiration	Screen for swallowing problems and symptoms of GERD annually.		<input type="checkbox"/>

Infectious Disease Screening

Chlamydia and STDs	Annually, if at risk		<input type="checkbox"/>
HIV	Periodic testing if at risk.		<input type="checkbox"/>
Hepatitis B and C	Periodic testing if at risk.		<input type="checkbox"/>
Tuberculosis	Skin testing every 1-2 years for individuals at risk		<input type="checkbox"/>

Sensory Screening

		Last Date...	Ask MD
Hearing assessment	Screen annually. Re-evaluate if hearing problem reported or change in behavior noted.		<input type="checkbox"/>
Vision assessment	Screen annually. Re-evaluate if vision problems or change in behavior noted.		<input type="checkbox"/>
Glaucoma	Screen at least once before age 40. Screen every 3-5 years if risk factors present. Every 2-4 years after age 40.		<input type="checkbox"/>

Mental and Behavioral Health

Depression	Screen annually for sleep, appetite disturbance, weight loss, general agitation.		<input type="checkbox"/>
Dementia	Monitor for problems performing daily activities. In persons with Down Syndrome, annual screen after age 40.		<input type="checkbox"/>

Immunizations (in addition to routine childhood immunizations)

Tetanus-diphtheria booster	Every 10 years		<input type="checkbox"/>
Influenza vaccine	Annually		<input type="checkbox"/>
Pneumococcal vaccine	Once		<input type="checkbox"/>
Hepatitis B vaccine	Once. Reevaluate antibody status every 5 years.		<input type="checkbox"/>

Down Syndrome (in addition to above recommendations)

Thyroid function test	Every 3 years (sensitive TSH)		<input type="checkbox"/>
Cervical spine x-ray to rule out atlanto-axial instability.	Obtain baseline as adult. Recommend repeat if symptomatic.		<input type="checkbox"/>
Echocardiogram	Baseline, if no records of cardiac function are available.		<input type="checkbox"/>

General Counseling and Guidance

Prevention Counseling	Annually counsel regarding prevention of accidents related to falls, fire/burns, choking.
Abuse or neglect	Monitor for behavioral signs of abuse and neglect.
Healthy Lifestyle	Annually counsel regarding diet/nutrition, incorporating physical activity into daily routines, substance abuse.
Preconception counseling.	As appropriate, including genetic counseling, folic acid supplementation, discussion of parenting capability.

Other Screening to be considered at this appointment: (may include tests recommended previously or by other clinicians that have not yet been performed)